

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 470)**

SERIAL NO.  
**10748109**  
APPLICANT

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8	1		1			
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17	1		1			
18		1		1		
19	1		1			
20	1		1			
21		1		1		

23		1		1		
24	1		1			
25		2		2		
26		2		2		
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48		2		2		
49		2		2		
50		2		2		
TOTAL NO.	2		2			
TOTAL OFF.	195		197			
TOTAL	202		204			

	NO.	OFF.	NO.	OFF.	NO.	OFF.
61				1		
62				1		
63				1		
64				1		
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100						
TOTAL NO.						
TOTAL OFF.						
TOTAL						